

**Home and Community Based Services:**  
**Elderly, Blind, and Disabled Waiver (EBD)**  
**Rates Effective July 1, 2018-June 30, 2019**



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments
<b>Adult Day Services</b>									
Basic	S5105	U1				\$ 24.52	\$ 24.77	1/2 Day	An individual unit is 3.5 hours per day; Maximum 520 units
Specialized	S5105	U1	TF			\$ 31.31	\$ 31.62	1/2 Day	
<b>Adult Day Service Transportation</b>									
Taxi	A0100	U1	HB			PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 miles)	A0120	U1	HB			\$ 8.92	\$ 8.92	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HB		\$ 16.44	\$ 16.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HB		\$ 24.46	\$ 24.46	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 miles)	A0130	U1	HB			\$ 10.58	\$ 10.58	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HB		\$ 19.81	\$ 19.81	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	HB		\$ 26.98	\$ 26.98	1 Way Trip	
<b>Alternative Care Facility (ACF)</b>	T2031	U1				\$ 51.92	\$ 51.92	Day	
<b>Community Transition Services</b>									
Combined maximum of \$2,000.00 for Coordinator and Items Purchased									
Coordinator	T2038	U1				\$ 2,000.00	\$ 2,000.00	Per Transition	1 Unit = 1 Transition
Item Purchased	A9900	U1				\$ 2,000.00	\$ 2,000.00	Per Purchase	1 unit = 1 purchase
<b>Consumer Direct Attendant Support Services (CDASS)</b>									
CDASS Homemaker	T2025	U1				\$ 3.99	\$ 3.99	15 Minutes	
CDASS Personal Care	T2025	U1				\$ 3.99	\$ 3.99	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$ 7.37	\$ 7.37	15 Minutes	
<b>CDASS Per Member Per Month, By FMS Vendor</b>									
Morning Star Financial Services- FEA	T2040	U1				\$ 103.21	\$ 103.21	Month	
Public Partnerships, LLC- FEA	T2040	U1				\$ 103.21	\$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U1				\$ 85.00	\$ 85.00	Month	
Homemaker	S5130	U1				\$ 4.38	\$ 4.38	15 minutes	
Home Modification	S5165	U1				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
<b>In Home Support Services (IHSS)</b>									
IHSS Health Maintenance	H0038	U1				\$ 7.37	\$ 7.44	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$ 4.38	\$ 4.38	15 minutes	



**Home and Community Based Services:**  
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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments
IHSS Personal Care	T1019	U1	KX			\$ 4.38	\$ 4.38	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX		\$ 4.38	\$ 4.38	15 minutes	
<b>Medication Reminder</b>									
Install/Purchase	T2029	U1				NR*	NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1				NR*	NR*	Month	1 unit = 1 month
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1				PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 miles)	A0120	U1				\$ 8.92	\$ 8.92	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			\$ 16.44	\$ 16.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$ 24.46	\$ 24.46	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 miles)	A0130	U1				\$ 10.58	\$ 10.58	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$ 19.81	\$ 19.81	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$ 26.98	\$ 26.98	1 Way Trip	
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	U1				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1				NR*	NR*	Month	1 unit = 1 month
Personal Care	T1019	U1				\$ 4.38	\$ 4.38	15 minutes	
Personal Care Relative	T1019	U1	HR			\$ 4.38	\$ 4.38	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
<b>Respite Care</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF (Alternative Care Facility)	S5151	U1				\$ 57.81	\$ 58.39	Day	
In-Home Respite	S5150	U1				\$ 4.94	\$ 4.99	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Nursing Facility	H0045	U1				\$ 128.92	\$ 130.21	Day	

Legend	
CG	Policy criteria applied
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)



**Home and Community Based Services:**  
**Elderly, Blind, and Disabled Waiver (EBD)**  
**Rates Effective July 1, 2018-June 30, 2019**



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)								
NR*	Negotiated Rate, will vary by client								
PUC*	Public Utility Commission Determined Rate								
TF	Intermediate Level of care								
TN	Outside providers' customary service area								
TT	Individualized service provided to more than one client in the same setting								
U1	Community Mental Health Supports (HCPCS Defn: Medicaid Level of Care 1, as defined by each								



Home and Community Based Services:  
**Community Mental Health Supports (CMHS) Waiver**  
 Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments
<b>Adult Day Services</b>									
Basic	S5105	UA				\$ 24.52	\$ 24.77	1/2 Day	An individual unit is 4-5 hours per day; Maximum 520 units
Specialized	S5105	UA	TF			\$ 31.31	\$ 31.62	1/2 Day	
<b>Adult Day Services Transportation</b>									
Taxi	A0100	UA	HB			PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 Miles)	A0120	UA	HB			\$ 8.92	\$ 8.92	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	HB		\$ 16.44	\$ 16.44	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	HB		\$ 24.46	\$ 24.46	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 Miles)	A0130	UA	HB			\$ 10.58	\$ 10.58	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	HB		\$ 19.81	\$ 19.81	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	HB		\$ 26.98	\$ 26.98	1 Way Trip	
<b>Alternative Care Facility (ACF)</b>	T2031	UA				\$ 51.92	\$ 51.92	Day	May be different for clients with 300% income, use PETI for rate
<b>Consumer Directed Attendant Services (CDASS)</b>									
CDASS Homemaker	T2025	UA				\$ 3.99	\$ 3.99	15 Minutes	
CDASS Personal Care	T2025	UA				\$ 3.99	\$ 3.99	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$ 7.37	\$ 7.37	15 Minutes	
<b>CDASS Per Member Per Month, By FMS Vendor</b>									
Morning Star Financial Services- FEA	T2040	UA				\$ 103.21	\$ 103.21	Month	
Public Partnerships, LLC- FEA	T2040	UA				\$ 103.21	\$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	UA				\$ 85.00	\$ 85.00	Month	
Homemaker	S5130	UA				\$ 4.38	\$ 4.38	15 minutes	
Home Modification	S5165	UA				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
<b>Medication Reminder</b>									
Purchase	T2029	UA				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5185	UA				NR*	NR*	Month	1 unit = 1 month
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips									



**Home and Community Based Services:**  
**Community Mental Health Supports (CMHS) Waiver**  
**Rates Effective July 1, 2018-June 30, 2019**



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments
Taxi	A0100	UA				PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 Miles)	A0120	UA				\$ 8.92	\$ 8.92	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT			\$ 16.44	\$ 16.44	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			\$ 24.46	\$ 24.46	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 Miles)	A0130	UA				\$ 10.58	\$ 10.58	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT			\$ 19.81	\$ 19.81	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			\$ 26.98	\$ 26.98	1 Way Trip	
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	UA				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	UA				NR*	NR*	Month	1 unit = 1 month
Personal Care	T1019	UA				\$ 4.38	\$ 4.38	15 minutes	
Personal Care-Relative	T1019	UA	HR			\$ 4.38	\$ 4.38	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
<b>Respite Care</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF or a Nursing Facility									
Alternative Care Facility (ACF)	S5151	UA				\$ 57.81	\$ 58.39	Day	
Nursing Facility	H0045	UA				\$ 128.92	\$ 130.21	Day	

Legend	
<b>CG</b>	<b>Policy criteria applied</b>
<b>HB</b>	<b>To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)</b>
<b>HR</b>	<b>Relative providing care (HCPCS Defn: Family/Couple with client present)</b>
<b>NR*</b>	<b>Negotiated Rate, will vary by client</b>
<b>PUC*</b>	<b>Public Utility Commission Determined Rate</b>
<b>TF</b>	<b>Intermediate Level of care</b>
<b>TN</b>	<b>Outside Providers' customary service area</b>
<b>TT</b>	<b>Individualized service provided to more than one client in the same setting</b>
<b>UA</b>	<b>Community Mental Health Supports (HCPCS Defn: Medicaid Level of Care 1, as defined by each</b>



Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments
Adult Day Services	S5102	U6				\$ 51.62	\$ 52.14	Day	At least 2 or more hours of attendance, 1 or more days per week
<b>Adult Day Services Transportation</b>									
Taxi	A0100	U6	HB			PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 Miles)	A0120	U6	HB			\$ 8.92	\$ 8.92	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	HB		\$ 16.44	\$ 16.44	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	HB		\$ 24.46	\$ 24.46	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 Miles)	A0130	U6	HB			\$ 10.58	\$ 10.58	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	HB		\$ 19.81	\$ 19.81	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	HB		\$ 26.98	\$ 26.98	1 Way Trip	
Assistive Technology	T2029	U6				NR*	NR*	Per Purchase	1 unit = 1 purchase
Behavioral Services	H0025	U6				\$ 14.56	\$ 14.71	30 Minutes	
Day Treatment	H2018	U6				\$ 81.90	\$ 82.72	Day	
<b>Consumer Direct Attendant Supports and Services (CDASS)</b>									
CDASS Homemaker	T2025	U6				\$ 3.99	\$ 3.99	15 minutes	
CDASS Personal Care	T2025	U6				\$ 3.99	\$ 3.99	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$ 7.37	\$ 7.37	15 minutes	
<b>CDASS Per Member Per Month, By FMS Vendor</b>									
Morning Star Financial Services- FEA	T2040	U6				\$ 103.21	\$ 103.21	Month	
Public Partnerships, LLC- FEA	T2040	U6				\$ 103.21	\$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U6				\$ 85.00	\$ 85.00	Month	
Home Modification	S5165	U6				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
Independent Living Skills Training (ILST)	T2013	U6				\$ 26.52	\$ 26.79	Hour	
<b>Mental Health Counseling</b>									
Individual	H0004	U6				\$ 15.04	\$ 15.19	15 minutes	
Family	H0004	U6	HR			\$ 15.04	\$ 15.19	15 minutes	
Group	H0004	U6	HQ			\$ 8.43	\$ 8.51	15 minutes	



Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips									
Taxi	A0100	U6				PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 Miles)	A0120	U6				\$ 8.92	\$ 8.92	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			\$ 16.44	\$ 16.44	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			\$ 24.46	\$ 24.46	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 Miles)	A0130	U6				\$ 10.58	\$ 10.58	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			\$ 19.81	\$ 19.81	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			\$ 26.98	\$ 26.98	1 Way Trip	
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	U6				NR*	NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5161	U6				NR*	NR*	Month	1 unit = 1 month
Personal Care	T1019	U6				\$ 4.38	\$ 4.38	15 minutes	
Personal Care-Relative	T1019	U6	HR			\$ 4.38	\$ 4.38	15 minutes	Not to exceed 10 hours per day; Maximum reimbursement not to exceed 1776 units (444 hours) per year
<b>Respite Care</b>									
Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility									
In-Home Respite	S5150	U6				\$ 4.94	\$ 4.99	15 minutes	Not to exceed 8 hours per day
Nursing Facility	H0045	U6				\$ 121.98	\$ 123.19	Day	
<b>Substance Abuse Counseling</b>									
Family	T1006	U6	HR	HF		\$ 60.24	\$ 60.84	Hour	
Individual	H0047	U6	HF			\$ 60.24	\$ 60.84	Hour	
Group	H0047	U6	HQ	HF		\$ 33.75	\$ 34.09	Hour	
<b>Transitional Living Program</b>									
Level 1	T2016	U6				\$ 353.71	\$ 357.24	1 Day	
Level 2	T2016	U6	HB			\$ 378.98	\$ 382.76	1 Day	
Level 3	T2016	U6	HE			\$ 405.29	\$ 409.34	1 Day	
Level 4	T2016	U6	HK			\$ 433.21	\$ 437.54	1 Day	
Level 5	T2016	U6	HB	HE		\$ 459.04	\$ 463.63	1 Day	





Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments
Supported Living Program	T2033	U6				FS*	FS*	Day	Per diem rate set by HCPF using acuity levels of client population

Legend	
CG	Policy criteria applied
FS*	Facility Specific rate determined using acuity scores by the Dept.
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
U6	Brain Injury (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)





Home and Community Based Services:

Spinal Cord Injury (SCI) Waiver

Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments
<b>Adult Day Services</b>									
Maximum 520 units									
Basic	S5105	U1	SC			\$ 24.52	\$ 24.77	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	SC	TF		\$ 31.31	\$ 31.62	1/2 Day	
<b>Adult Day Program Transportation</b>									
Use HB modifier for trips to and from adult day program.									
Taxi	A0100	U1	SC	HB		PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HB		\$ 8.92	\$ 8.92	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT	HB	\$ 16.44	\$ 16.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN	HB	\$ 24.46	\$ 24.46	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HB		\$ 10.58	\$ 10.58	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT	HB	\$ 19.81	\$ 19.81	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN	HB	\$ 26.98	\$ 26.98	1 Way Trip	
<b>Alternative Therapies</b>									
Acupuncture	97814	U1	SC			\$ 18.28	\$ 18.46	15 Minutes	Maximum 204 Units per service; Combined maximum of 408 units.
Chiropractic	98942	U1	SC			\$ 23.52	\$ 23.76	15 Minutes	
Massage	97124	U1	SC			\$ 14.06	\$ 14.20	15 Minutes	
<b>Consumer Directed Attendant Support Services (CDASS)</b>									
CDASS Homemaker	T2025	U1	SC			\$ 3.99	\$ 3.99	15 Minutes	
CDASS Personal Care	T2025	U1	SC			\$ 3.99	\$ 3.99	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			\$ 7.37	\$ 7.37	15 Minutes	
<b>CDASS Per Member Per Month, By FMS Vendor</b>									
Morning Star Financial Services- FEA	T2040	U1	SC			\$ 103.21	\$ 103.21	Month	
Public Partnerships, LLC- FEA	T2040	U1	SC			\$ 103.21	\$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U1	SC			\$ 85.00	\$ 85.00	Month	
Homemaker	S5130	U1	SC			\$ 4.38	\$ 4.38	15 Minutes	
Home Modification	S5165	U1	SC			NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
<b>In-Home Support Services (IHSS)</b>									



Home and Community Based Services:

Spinal Cord Injury (SCI) Waiver

Rates Effective July 1, 2018-June 30, 2019



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IHSS Health Maintenance	H0038	U1	SC			\$ 7.37	\$ 7.44	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX		\$ 4.38	\$ 4.38	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		\$ 4.38	\$ 4.38	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	HR	KX	\$ 4.38	\$ 4.38	15 Minutes	
<b>Medication Reminder</b>									
Install/Purchase	T2029	U1	SC			NR*	NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1	SC			NR*	NR*	Month	1 unit = 1 month
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1	SC			PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 miles)	A0120	U1	SC			\$ 8.92	\$ 8.92	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT		\$ 16.44	\$ 16.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		\$ 24.46	\$ 24.46	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 miles)	A0130	U1	SC			\$ 10.58	\$ 10.58	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT		\$ 19.81	\$ 19.81	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN		\$ 26.98	\$ 26.98	1 Way Trip	
Personal Care	T1019	U1	SC			\$ 4.38	\$ 4.38	15 Minutes	
Relative Personal Care	T1019	U1	SC	HR		\$ 4.38	\$ 4.38	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	U1	SC			NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1	SC			NR*	NR*	Month	1 unit = 1 month
<b>Respite Care</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF	S5151	U1	SC			\$ 57.81	\$ 58.39	Day	
In-Home Respite	S5150	U1	SC			\$ 4.94	\$ 4.99	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Nursing Facility	H0045	U1	SC			\$ 128.92	\$ 130.21	Day	
<b>Legend</b>									
<b>HB</b>	<b>To and From Adult Day</b> (HCPCS Defn: Adult Program, non-geriatric)								
<b>HR</b>	<b>Relative providing care</b> (HCPCS Defn: Family/Couple with client present)								



Home and Community Based Services:

**Spinal Cord Injury (SCI) Waiver**

Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)								
NR*	Negotiated Rate, will vary by client								
PUC*	Public Utility Commission Determined Rate								
SC	Spinal Cord Injury (HCPCS Defn: Medically Necessary Service or Supply)								
TF	Intermediate Level of care								
TN	Outside Providers' customary service area								
TT	Individualized service provided to more than one client in the same setting								
U1	Elderly, Blind, and Disabled (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)								





ADJUSTMENT TABLE		
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER
HCBS EBD	1.000%	1.01000
HCBS CMHS	1.000%	1.01000
HCBS BI	1.000%	1.01000
HCBS SCI	1.000%	1.01000
HCBS DD	1.000%	1.01000
HCBS TCM	1.000%	1.01000
HCBS SLS	1.000%	1.01000
HCBS/DDD/DHS CES	1.000%	1.01000
HCBS/DDD/DHS CWA	1.000%	1.00000
HCBS/DDD/DHS CLLI	1.000%	1.01000
HCBS/DDD/DHS CHCBS	1.000%	1.01000
HCBS/DDD/DHS CHRP	1.000%	1.01000

